

NATIONAL PROBATION SERVICE HAMPSHIRE AREA

EQUALITY IMPACT ASSESSMENT

Section One: Preliminary Screening

1. Function Name, Policy or Procedure:

2. Aims and Approach of Function/Policy/Procedure

Is it possible that the policy/procedure may be discriminating unlawfully?	Yes
Could some groups be excluded from the benefits of this policy/procedure or could it have a negative impact on them?	Yes
Is it possible that the policy/procedure may cause negative relations between groups?	No

If the answer to any of these questions is **Yes**, go on to the full Equality Impact Assessment (EIA)

If the answer to all of the questions is **No**, please provide explanatory evidence and attach the following statement to be signed off by senior management.

“This policy and/or set of procedures have been written with a view to avoiding any adverse impact on an individual by reason of their ethnic origin, disability, gender, sexual orientation, age, religion or belief. The policy has been screened for any illegal discrimination and to ensure that no group is excluded from any benefits or experiences any disadvantage. It is not believed that this policy will have any such adverse impact, but future reviews of policy and procedures will revisit this evaluation, drawing on data to monitor outcomes”

Section Two: Full Impact Assessment

This “Equality Impact Assessment” documents the outcome of a full impact assessment on the specified function, policy or procedure, addressing the equalities strands of: Race, Gender, Disability, Sexuality, Faith and Age. It is to be completed, published as specified, and appended to policy and/or strategy documents.

1. Function Name, Policy or Procedure:

Delivery of Alcohol Treatment Requirement (ATR) – arrangements for targeting, assessing and delivering the treatment, as laid out in the document “Alcohol Treatment Requirement: Good Practice Guidelines for Offender Managers”

2. Aims and Approach of Function/Policy/Procedure

The alcohol treatment requirement is a requirement that can be made part of a Community Order or a suspended sentence order for a minimum of 6 months and a maximum of three years, where the offender has a dependency on alcohol and scores 6 and above in the relevant section of OASys. The treatment requirement is delivered through a partnership arrangement with CRI across Hampshire.

Where alcohol misuse has been identified as an issue in OASys the offender is further assessed by HPA’s Treatment Providers to assess the offenders alcohol related needs and the type and level of intervention that should be used to tackle them. The Hampshire Common Assessment Tool is used for this purpose and where appropriate the treatment provider will provide a treatment plan alongside the assessment for the report writer. The plan is an indication of the treatment available at the level required, but once the order has been made the treatment provider develops an individual care plan which indicates the offenders’ treatment programme for the purposes of sentence planning.

The amount and type of treatment delivered under the ATR is tailored to the offender’s assessed need over a 12 week programme. It involves educative work, drink diaries, looking at triggers and providing support for targets that are identified by the offender themselves. Key workers are not

counsellors, although the role of listening is essential, and so will make more specialist referral if needed, e.g. for issues of abuse.

The ATR can be used as a stand alone requirement for those in the lowest band of the community sentence but an offender manager is still needed for enforcement and general compliance. For higher bands the Offender Manager also provides supervision. A 4 tier model of alcohol treatment is used according to severity of alcohol misuse and this will involve both contact with the key workers in each office provided through the treatment provider, alongside access to other providers such as AA or for more serious alcohol misuse residential/inpatient provision as appropriate.

The treatment provider gives HPA information about attendance and a high level of communication between offender managers and treatment providers is maintained. National standards and enforcement practice apply as with all other community orders.

As part of HPA's procurement process, CRI were required to submit their equality and diversity policy and be familiar with the policy and legislative requirements upon HPA in terms of delivering a service that is accessible and meets the needs of all groups.

3. What data/information is available & does it suggest differential impact for any of the groups identified as part of the impact assessment process?

(A range of different data may be used for this section – e.g. internal monitoring data, national reports/research, locally commissioned reports/audits/research, results of previous consultations/workshops, statistical data such as census data, Home Office Statistics)

Race: Early monitoring data on ATR's has shown that minority ethnic offenders are slightly under-represented on ATR's (4% of commencements) but completion levels are comparable. A particular concern was whether full access to the intervention was going to be available to non-English speaking offenders, particularly Polish speakers of whom there has been a considerable growth in numbers, particularly in the Southampton area. An audit was undertaken of all those offenders for whom interpreters were needed during September & October (27, of which 15 were Polish speaking) to see if they were in the target group for an ATR and whether an assessment was undertaken and an order made. Of the 27, only 3 were in the target group (i.e. scored 6+ on OASys) and of those 3 one Polish speaking offender was given an ATR, one got a custodial sentence and the other a DRR.

Early indications therefore are positive.

Gender (including transgender):

Early monitoring has shown that 18% of ATR commencements were for female offenders, which is over the female representation of offenders at 14%. Of those women who had undertaken an ATR, 46% had seen the requirement through to successful completion, compared with 34% of male offenders. There are a variety of reasons why the requirement may not have reached successful completion, including transfer, which needs to be taken into consideration when considering this figure, but generally it is suggesting that women are doing better than men on this requirement. Early indications are therefore fairly positive.

An audit of female offender needs with offender managers was undertaken in October 2007/ Feedback on 24 out of the 4- women (60%) emphasised the major issue as being problems with alcohol. Often OM's related alcohol issues to emotional distress around domestic abuse/relationship difficulties/previous sexual abuse/bereavement and loss. It has been identified therefore how important alcohol treatment is for female offenders and to some extent gender specific issues related to the misuse of alcohol. Any intervention therefore needs to be able to meet the specific needs of women, as addressed through the consultation – see over.

Disability:

Monitoring capacity in terms of disability has only commenced in 2007 and the current data is for the period 2006-2007 so there is very limited availability. 6% of those commencing an ATR had disclosed a disability, but this will be a large under-representation as there was so much disability data not recorded. Similarly results are inconclusive but future monitoring will much improve on this situation and will provide further information as part of the ongoing monitoring of this impact assessment. What is of particular concern is the links between alcohol treatment and mental health and further assessment in this area will need to be undertaken.

Sexuality:

No data available

Religion or Belief:

No data available, but it is a particular consideration how well provision can meet the needs of those groups for whom alcohol consumption is prohibited by their religious faith. This will bring added dimensions to

treatment and working with the offender that need to be recognised and addressed.

Age:

No data available

If there are gaps in data provision how are these to be addressed in order to inform a full EIA?

Further data will be gathered as part of the ongoing monitoring of the impact of the ATR. An increase in disability data will be a part of routine monitoring, and some offender feedback that aims to include a diverse sample of offenders should be planned.

4. What consultation has been undertaken and with whom?

(include information on what was needed from the consultation, how it was carried out and with whom)

Hampshire Probation Area's Equality Consultation Panel considered ATR's at two of its meetings. The panel is made up of staff members from diverse backgrounds, members of different local communities, Union representatives, Disabled Staff Network representatives, Black Staff Group representatives, LGBT Staff Support Network and the Diversity Adviser. The Panel met in the first instance to discuss the guidance paper written on the delivery of ATR's. It was then decided that consultation would be assisted if somebody from CRI, the treatment provider, could come to the Panel to talk through the way treatment is provided and how diverse needs are met. The subsequent meeting of the Panel therefore had Robert Green, Hampshire Project Manager for CRI in attendance.

Robert spoke about the approach to the delivery of ATR's, emphasising the individualised nature of provision which goes far to meeting diverse offender needs, and in particular addressed the equalities issues of meeting the needs of female offenders and working with offenders whose first language is not English. With respect to the main concerns raised by the panel, with the identified link between alcohol misuse and previous or current experiences of abuse and neglect for women, it was explained that where such issues are identified by key workers referral will be made to

specialist agencies who can do further work with women on these aspects of their experience.

It was also felt that this one-to-one intervention can be provided through interpreting services and the provision through our contractual arrangement with Lingland has already led to a non-English speaking offender undertaking an ATR.

The growth in referrals has led to a planned change in approach from just one-to-one work to group work. Whilst some offenders gain much from being in a group, concerns were raised about the appropriateness of this for all offenders, again female offender, those with language needs, some types of disability and some from minority ethnic or religious groups. In such circumstances however, or if an offender simply prefers one-to-one rather than group work, this will still be available.

5. What are the main findings of the consultation undertaken (what positive or negative impacts were identified for any of the different groups)?

The consultation exercise enabled us to tease out some of the concerns about how the needs of specific groups were met. The panel felt that these issues were addressed, although the issue of diversity training for CRI staff was not covered and will be discussed further with the Manager. The individualised approach that was detailed to the consultation panel gives confidence that there is flexibility of provision, whilst the engagement with other external agencies is an encouraging way of ensuring that diverse needs are met within mainstream provision.

6. Does this policy have the potential to cause unlawful discrimination, exclusion of some groups of people from its benefits or lead to negative relations?

There are currently no concerns as a result of this assessment that the delivery of ATRs is either discriminating unlawfully or excluding any groups to access of its provision.

7. What measures have been identified in order for the policy/procedures to achieve its aims without risking any adverse impact?

Further monitoring, including disability monitoring is required, and some sampled offender feedback would also be useful to provide further evidence that no adverse impact is being affected. In addition, discussions around diversity training of key workers, who are pivotal in ensuring diverse needs are met within provision will be further explored. The Diversity Advisor will explore this with the Partnership Manager and CRI Manager and if gaps identified in provision of this take steps to rectify the situation.

8. What action is now to be undertaken?

As above

9. Monitoring arrangements and review process

Alongside the additional data gathering already identified, regular monitoring of impact will be achieved through the annual production of the Diversity Report, in which ATR's will be monitored in terms of race, gender and disability categories for commencement and successful completion.

10. How results will be published

This impact assessment and ongoing monitoring will be published through HPA's diversity intranet and put on its website.

Signature of Policy Lead

Position

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Date

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